

# Questions and Answers about C. P. S.

**Question:** Recently I sent a C.P.S. patient to the hospital for an x-ray examination because of a suspected stomach ulcer. C.P.S. did not pay for either the hospitalization or the x-ray service. Why were these bills rejected?

**Answer:** The question obviously refers to a case in which the hospitalization was primarily for laboratory and x-ray procedures which could have been rendered on an ambulatory basis. The member holding a surgical-hospital contract is eligible for diagnostic x-ray and laboratory procedures only when his condition necessitates his confinement as a bona fide registered bed patient. The C.P.S. hospital contract specifically excludes hospitalization that is only for the purpose of diagnostic work-up.

If the physician's opinion regarding the need for hospitalization, in a case such as the one above, is at variance with the position of C.P.S., he should so advise C.P.S. In no sense is C.P.S. trying to question the physician's professional judgment in the handling of a case, but rather is seeking to determine whether the conditions of the patient's contract are being correctly met. As it does not have first-hand knowledge of a case, C.P.S. sometimes has difficulty in judging whether a case is bona fide or not. Therefore, the physician's careful evaluation of each case is highly important.

Of significance with respect to this question is a resolution which was unanimously adopted by the C.P.S. administrative members at the annual convention in 1950. (Resolution No. 5, introduced by Dr. A. B. Carson of Alameda County.)

This resolution specifically called upon C.P.S. to "... make every effort, especially by the provisions of its contracts, to encourage the patient and his physician to use hospitals primarily for bed patients, and then only when needed to provide adequate medical care. . . ."

A number of vital considerations motivated the adoption of this resolution. For example: Acceptance of liability by C.P.S. for unwarranted cases tends to develop a situation in which utilization of C.P.S. funds exceeds normal expectations and creates a drain on the health plan's resources which is not justifiable under the rates established. Such a situation, if long continued, will lead to higher dues for members and a resultant lower public confidence in voluntary health care; and for C.P.S. physician members such a situation would materially handicap C.P.S. in its sincere efforts to improve fees for professional services.

The thinking behind this resolution also took into consideration that a large amount of unnecessary hospitalization could easily stimulate further gov-

ernmental action for the building of hospitals, on the grounds of a scarcity of beds—which actually would be an artificial scarcity, resulting from unnecessary hospitalization. The resolution specifically pointed out that "...such governmentally sponsored hospitals would inevitably come under political control both as to admission and staff appointments."

**Question:** Are any medical benefits available to C.P.S. members enrolled under the individual family plan?

**Answer:** Yes. Individual family plan members have the option of subscribing for medical-services-while-hospitalized benefits by paying the additional cost over rates for their standard surgical-hospital coverage. All eligible family members must subscribe for this additional coverage in order for any one of them to obtain it.

**Question:** What are the classifications of veterans who are eligible to receive out-patient medical care at government expense under the Home Town Care Program?

**Answer:** There are three such classifications:

1. Veterans with service-connected disabilities are eligible for treatment for specific service-connected disabilities, or for conditions considered by the Veterans Administration to be adjunct to the service-connected disabilities. ("Adjunct" means a non-service-connected disability which is associated with, and held to be, aggravating the service-connected disability.)

2. Veterans in active vocational training under Public Law 16 are eligible for treatment of any conditions which would tend to interrupt their training.

3. Veterans of the Spanish-American War, Boxer Rebellion and Philippine Insurrection are eligible for treatment of any condition after they have applied to the Veterans Administration for treatment and an authorization has been issued for treatment of the specific condition. Both the application and the eligibility must be established separately for each new condition for which these veterans seek treatment.

**Question:** Under the Veterans Program, why can't I receive blanket authorization for treating a veteran's disability, instead of trying to estimate the amount of services which will be needed?

**Answer:** The Veterans Administration's funds for treating a veteran must be encumbered at the same time that authorization for treatment is issued. Thus, the amount of funds set aside by VA must depend upon the services for which the physician requests authorization.